



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E432531**

| | | |
|---|--------------------------------------|---|
| INTERSTATE <input type="checkbox"/> | CITY STREET <input type="checkbox"/> | FIRE RESULTED <input type="checkbox"/> |
| STATE ROUTE <input checked="" type="checkbox"/> | OTHER <input type="checkbox"/> | STOLEN VEHICLE <input type="checkbox"/> |
| COUNTY RD <input type="checkbox"/> | PRIVATE WAY <input type="checkbox"/> | HIT & RUN INVOLVED <input type="checkbox"/> |

TRIBAL RESERVATION ☐

| | |
|---------------------|----------|
| CASE # | 15-01434 |
| LOCAL AGENCY CODING | |
| TOTAL # OF UNITS | 04 |
| OBJECT STRUCK | |

| | | | | | | | | | | | |
|-------------------|----------------|-------------|------|----------|----|-------|--|---|---|--------|------|
| DATE OF COLLISION | 06 - 09 - 2015 | TIME (2400) | 1206 | COUNTY # | 31 | MILES | | N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> | IN <input checked="" type="checkbox"/> OF | CITY # | 0664 |
|-------------------|----------------|-------------|------|----------|----|-------|--|---|---|--------|------|

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐

SR 9 NE BLOCK NO. ☒ 2400 MILE POST ☐

DISTANCE ☐ MILES ☐ N ☐ E ☐ S ☐ W OF (REFERENCE OR CROSS STREET) **LUNDEEN PARKWAY**

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE D: 3606911346

LAST NAME **BOGART** FIRST NAME **LYAL** MIDDLE INITIAL **E**

STREET NEW ADDRESS ☐ **17304 114TH PL NE**

CITY **GRANITE FALLS** ST **WA** ZIP **98252**

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # **BOGARLE398LB** STATE **WA** SEX **M** D.O.B. **06 - 02 - 1961**

ON DUTY ☐ STATUS ☐ AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **6** NATURE OF INJURIES **FACIAL LACERATION**

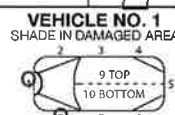
LICENSE PLATE # **B10352F** STATE **WA** VIN# **1FTEF14Y9KPB24174**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **1989** MAKE **FORD** MODEL **F150** STYLE **PK** VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # ☐ CHARGE ☐



UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE D: 4255120401

LAST NAME **EYLER** FIRST NAME **SHIRLEY** MIDDLE INITIAL **A**

STREET NEW ADDRESS ☐ **7011 111TH DR NE**

CITY **LAKE STEVENS** ST **WA** ZIP **982582034**

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # **EYLSA640L2** STATE **WA** SEX **F** D.O.B. **06 - 22 - 1936**

ON DUTY ☐ STATUS ☐ AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **7** NATURE OF INJURIES **KNEE**

LICENSE PLATE # **ACE8680** STATE **WA** VIN# **4M2CN9HG5AKJ20039**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **2010** MAKE **MERC** MODEL **MARINER** STYLE **UT** VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **SHIRLEY EYLER 7011 111TH DR NE LAKE STEVENS WA 98258 D: 4255120401**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **SAFECO H1991221** CHARGE ☐



OFFICER'S NAME (PRINT) **M. HINGTGEN** BADGE OR ID # **126** AGENCY **WA0311900**

DADT A



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

E432531

CASE #

15-01434

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

| | | | | | | | | | | | | | |
|---------------------------------------|----------------------------------|--------|--|--------------|--|--------|--|--------|--|-------|--------------------|-----------------|--------------------|
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | SEX | D.O.B. MMDDYYYY | | |
| PASSENGER <input type="checkbox"/> | WITNESS <input type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | HELMET USE | INJURY CLASS | NATURE OF INJURIES |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | SEX | D.O.B. MMDDYYYY | | |
| PASSENGER <input type="checkbox"/> | WITNESS <input type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | HELMET USE | INJURY CLASS | NATURE OF INJURIES |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | SEX | D.O.B. MMDDYYYY | | |
| PASSENGER <input type="checkbox"/> | WITNESS <input type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | HELMET USE | INJURY CLASS | NATURE OF INJURIES |

NARRATIVE

Veh #2 and Veh #3 were stopped in southbound lane #3 at a illuminated red traffic signal on the north side of the intersection. Veh #3 was the first vehicle at the stop line with Veh #2 stopped directly behind it. Veh #4 was stopped in lane #2, also stopped at the illuminated red traffic signal.

Veh #1 was traveling south on SR 9 NE in lane #3. Veh #1 was traveling at highway speeds and did not slow down for the forward and stopped vehicles. Veh #1 impacted Veh #2 in the rear of the vehicle. The impact cause Veh #2 to move forward and impact Veh #3 in the rear. Due to the force of the impact, several broken items were thrown from the vehicles. Several pieces of the debris hit Veh #4 and caused several scratches to the drivers side of the vehicle.

Upon arrival, the driver of Veh #1 said, "I must have fallen asleep." He stated that he didn't remember the accident.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

| | | | |
|--|---------------------------|---|--|
| M. HINGTGEN | | 06-10-15 01:25 PM | |
| INVESTIGATING OFFICER'S SIGNATURE | | UNIT OR DIST. DET | |
| APPROVED BY ROBERT MINER 095 | | DATE 6/11/2015 11:05:49 AM | |
| BADGE OR ID # 126 | ORI # WA0311900 | TIME POLICE DISPATCHED 12:06 PM | TIME POLICE ARRIVED 12:06 PM |



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E432531**

CASE # **15-01434**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐

INTRASTATE ☐

UNIT #

USDOT

ICC #

VEHICLE TYPE

CARGO BODY
TYPE

CARRIER
NAME

CARRIER
ADDRESS

CITY

ST

ZIP

NAME
SOURCE

AXLES

GVWR

PLACARD

+

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

3

MOTOR
VEHICLE

☒

PEDAL-
CYCLE

☐

PEDESTRIAN

☐

PROPERTY
OWNER

☐

DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

D: 4252201889

LAST NAME

MINIFIE

FIRST NAME

RICHARD

MIDDLE
INITIAL

L

STREET
NEW ADDRESS

6220 95TH AVE NE

CITY

LAKE STEVENS

ST

WA

ZIP

982584003

CDL

RESTRICTIONS

B

ENDORSEMENTS

DRIVER'S
LICENSE #

MINIFRL364Q0

STATE

WA

SEX

M

D.O.B.
MMDDYYYY

11

-

20

-

1964

ON DUTY

☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1

HELMET
USE

2

INJURY
CLASS

1

NATURE OF INJURIES

LICENSE
PLATE #

AQY1536

STATE

WA

VIN#

JHMZE2H74ES001250

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2014

MAKE

HOND

MODEL

INSIGHT

STYLE

4H

VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒

REGISTERED OWNER INFO, JOHN MINIFIE 6220 95TH AVE NE LAKE STEVENS WA 98258

SHADE IN DAMAGED AREA

LIABILITY INSURANCE
IN EFFECT

☒

INSURANCE CO
& POLICY #

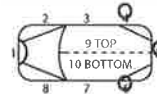
STATE FARM 252 6149-B01-47F

VEHICLE
LEGALLY
STANDING

YES ☒ NO ☐

CITATION #

CHARGE



UNIT #

4

MOTOR
VEHICLE

☒

PEDAL-
CYCLE

☐

PEDESTRIAN

☐

PROPERTY
OWNER

☐

DAMAGE THRESHOLD MET
YES ☐ NO ☒

PHONE

D: 4253536088

LAST NAME

SMITH

FIRST NAME

CAROL

MIDDLE
INITIAL

K

STREET
NEW ADDRESS

6524 BERKSHIRE DR

CITY

EVERETT

ST

WA

ZIP

982030000

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

SMITHCK568R5

STATE

WA

SEX

F

D.O.B.
MMDDYYYY

12

-

25

-

1944

ON DUTY

☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1

HELMET
USE

2

INJURY
CLASS

1

NATURE OF INJURIES

LICENSE
PLATE #

AOT2714

STATE

WA

VIN#

1HGCR2F73EA114273

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2014

MAKE

HOND

MODEL

ACC4D

STYLE

4D

VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒

REGISTERED OWNER INFO, CAROL SMITH 6524 BERKSHIRE DR EVERETT WA 98203 D: 4253536088

SHADE IN DAMAGED AREA

LIABILITY INSURANCE
IN EFFECT

☒

INSURANCE CO
& POLICY #

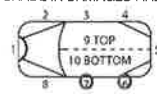
SAFECO H2241782

VEHICLE
LEGALLY
STANDING

YES ☒ NO ☐

CITATION #

CHARGE



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

M. HINGTGEN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

06-10-15 01:25 PM

DATED:

PLACE SIGNED

BADGE
OR ID #

126

ORI
#

WA0311900

APPROVED BY
MINER

DATE

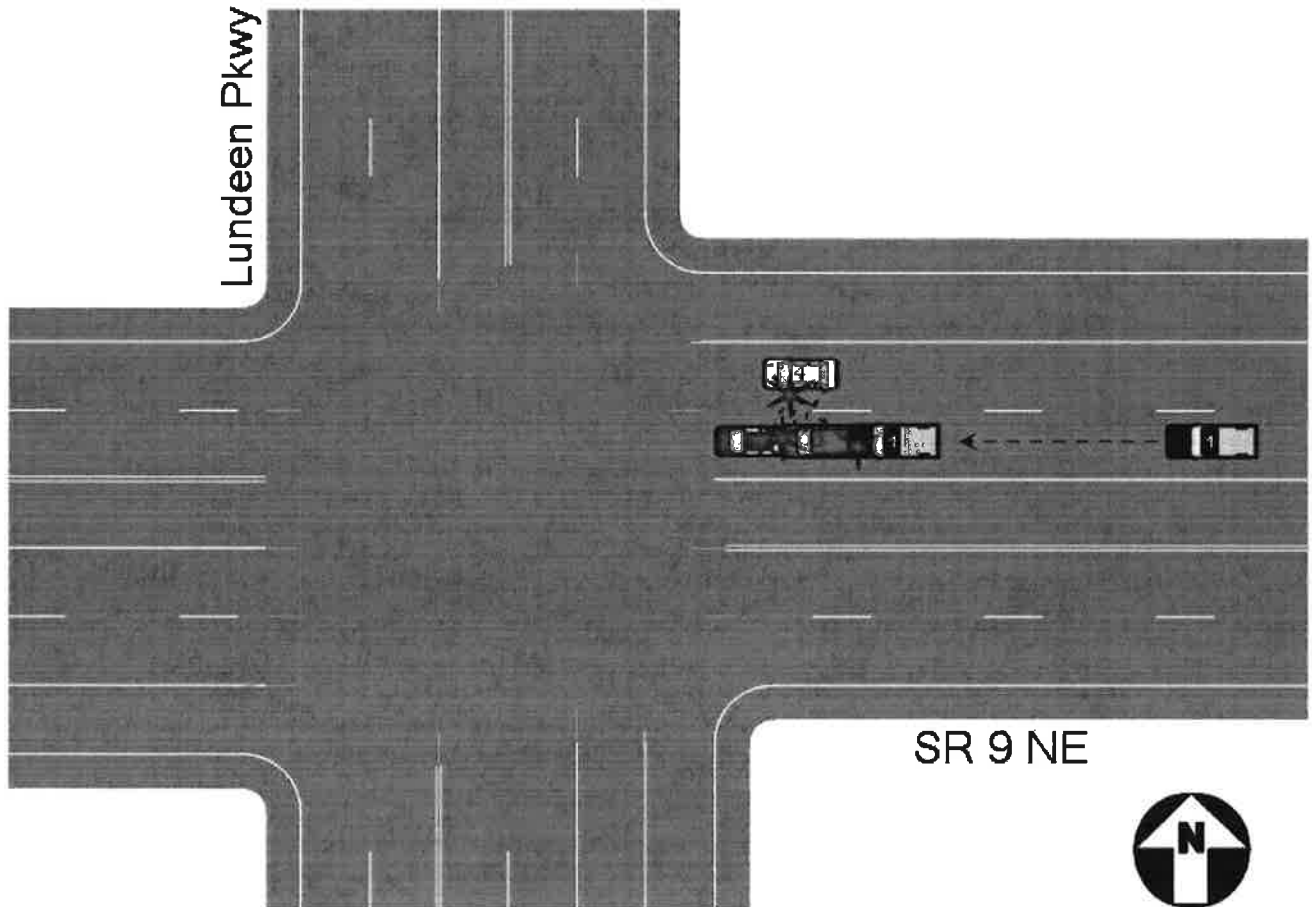
6/11/2015

PAGE

3

OF

4



SR 9 NE



Not to Scale

FAX COVER SHEET

**2211 Grade Road
Lake Stevens WA 98258
Phone 425-334-9537 Fax 425-334-9842**



| | | | |
|-------|------------------------|--------|--------|
| TO: | SNOPAC | FAX: | |
| FROM: | M. HINGSTEN #126 | DATE: | 6/9/15 |
| CC: | | PAGES: | 3 |
| RE: | IMPOUND ENTRY 15-01434 | | |

☐ WHEN THIS BOX IS CHECKED, THE FOLLOWING IS **CONFIDENTIAL POLICE INFORMATION** AND MAY NOT BE DISSEMINATED.

**** If you have received this fax in error please notify the sender and destroy this document ****

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

LSPD
ORIGINAL

CHECK ALL THAT APPLY:

- ☐ NON-IMPOUND/TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 9A.50.050
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH ____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER
☐ REGISTERED OWNER MAY REDEEM

CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER/LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. THEY WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

UNIFORM WASHINGTON STATE TOW / IMPOUND AND INVENTORY RECORD

CASE / EVIDENCE NUMBER

15-01434

VEHICLE INFORMATION

VIN

1 F T E F 1 4 Y 9 K P B 2 4 1 7 4

LICENSE

B10352F

STATE

WASHINGTON

YEAR

1989

MAKE

FORD

MODEL

F150

☐ Report of Sale
MILEAGE ☐ Digital
UNREADABLESTYLE
PICKUP

COLOR

BLACK

DRIVER

REGISTERED OWNER

LEGAL OWNER

NAME (LAST, FIRST, MI)

BOGART, LYAL E

NAME (LAST, FIRST, MI)

BOGART, LLOYD

NAME (LAST, FIRST, MI)

STREET ADDRESS

17304 114TH PL NE

STREET ADDRESS

17304 114TH PL NE

STREET ADDRESS

CITY, STATE, ZIP CODE

GRANITE FALLS, WA 98252

CITY, STATE, ZIP CODE

GRANITE FALLS, WA 98258

CITY, STATE, ZIP CODE

PHONE

(360)691-1346

DOB

PHONE

PHONE

AUTHORIZATION AND RECEIPT

ON 09/20/15 AT 12:38 PURSUANT TO RCW 46.55.085 / 113 AND HAVING PERSONALLY INVENTORIED THE ITEMS

IN THE DESCRIBED VEHICLE, I AUTHORIZED:

SPEEDWAY TOWING

5349 002

(TOWING FIRM)

(DOL TRUCK NO.)

DRIVEN BY:

ERIC R

TO REMOVE THIS VEHICLE FROM

2400 SR 96 LUNDEN FHWY

(DRIVER'S PRINTED FIRST AND LAST NAME)

(LOCATION)

EQUIPMENT

DAMAGE

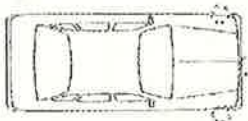
EVIDENCE (DRIVER'S SIDE)

EVIDENCE (PASSENGER'S SIDE)

- ☐ [] KEYS
☐ LOCKED TRUNK
☐ LOCKED GLOVE BOX
☐ LOCKED CENTER CONSOLE
☐ AUTO STEREO
☐ [] DISC(S)
☐ HANDS FREE DEVICE
☐ GPS
☐ RADAR / LIDAR DETECTOR
☐ SPARE TIRE
☐ JACK
☐ CHAINS
☐ OTHER

- ☒ FRONT
☒ R FRONT
☐ R SIDE
☐ R REAR
☒ L FRONT
☐ L SIDE
☐ L REAR
☐ REAR
☐ TOP
☐ UNDERCARRIAGE
☐ OTHER

SHADE DAMAGED AREA



INVENTORY

NARRATIVE OR DIAGRAM

(Use reason(s) for impound)

Vehicle Collision, Driver Transported

☒ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT TO THE TOWING FIRM'S OPERATOR WHO TOOK POSSESSION OF THE VEHICLE.

☐ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE TO THE DRIVER OF THIS VEHICLE.

☒ THE VEHICLE WAS ABANDONED - A COPY OF THE TOW / IMPOUND REPORT WAS LEFT WITH THE VEHICLE.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT (RCW 9A.72.085), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

OFFICER'S ELECTRONIC SIGNATURE

M. Hingtgen

SNOHOMISH, WA

COUNTY, WA

126

BADGE NO

Lake Stevens PD

AGENCY

3000-110-076 (R 07/13)

LSPD
ORIGINAL

CHECK ALL THAT APPLY:

- ☐ NON-IMPOUND/TOW
☐ AAA OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 9A.50.055
☒ IMPOUND ONLY
☐ DUPLICATE IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH ____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER
☐ REGISTERED OWNER MAY REDEEM

CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER/LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. THEY WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

UNIFORM WASHINGTON STATE TOW / IMPOUND AND INVENTORY RECORD

CASE / EVIDENCE NUMBER
15-01434

VEHICLE INFORMATION

| | | | | |
|---|--|---|-----------------|------------------------|
| VIN 4 M 2 C N 9 H G 5 A K J 2 0 0 3 9 | | | | |
| LICENSE ACE8680 | STATE WASHINGTON | YEAR 2010 | MAKE MERCURY | MODEL MARINER |
| <input type="checkbox"/> Report of Sale | MILEAGE <input checked="" type="checkbox"/> Digital DIGITAL UNREADABLE | STYLE UTILITY | COLOR RED | |
| DRIVER | | REGISTERED OWNER | | LEGAL OWNER |
| NAME (LAST, FIRST, MI) EYLER, SHIRLEY A | | NAME (LAST, FIRST, MI) EYLER, SHIRLEY A | | NAME (LAST, FIRST, MI) |
| STREET ADDRESS 7011 111TH DR NE | | STREET ADDRESS 7011 111TH DR NE | | STREET ADDRESS |
| CITY, STATE, ZIP CODE LAKE STEVENS, WA 982582034 | | CITY, STATE, ZIP CODE LAKE STEVENS, WA 98258 | | CITY, STATE, ZIP CODE |
| PHONE (425)512-0401 | DOB | PHONE (425)512-0401 | PHONE | |

AUTHORIZATION AND RECEIPT

ON 6/30/15 AT 12:55 PURSUANT TO RCW 46.55.065 / 113 AND HAVING PERSONALLY INVENTORIED THE ITEMS
(DATE) (24 HOURS)

IN THE DESCRIBED VEHICLE, I AUTHORIZED SNIPS TOWING 5112 025
(TOWING FIRM) (POLICE NO.)

DRIVEN BY AMANDA B TO REMOVE THIS VEHICLE FROM 1400 SR 9 HEADQUARTERS PARKWAY
(DRIVER'S PRINTED FIRST AND LAST NAME) (LOCATION)

| EQUIPMENT | DAMAGE | EVIDENCE (DRIVER'S SIDE) | EVIDENCE (PASSENGER'S SIDE) |
|--|--|--------------------------|-----------------------------|
| <input checked="" type="checkbox"/> [1] KEYS <input type="checkbox"/> LOCKED TRUNK <input type="checkbox"/> LOCKED GLOVE BOX <input type="checkbox"/> LOCKED CENTER CONSOLE <input type="checkbox"/> AUTO STEREO <input type="checkbox"/> [] DISC(S) <input type="checkbox"/> HANDS FREE DEVICE <input type="checkbox"/> GPS <input type="checkbox"/> RADAR / LIDAR DETECTOR <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER | <input type="checkbox"/> FRONT SHADY DAMAGED AREA <input type="checkbox"/> R FRONT <input type="checkbox"/> R SIDE <input type="checkbox"/> R REAR <input type="checkbox"/> L FRONT <input type="checkbox"/> L SIDE <input type="checkbox"/> L REAR <input type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER | | |

INVENTORY

NARRATIVE OR DIAGRAM

Vehicle Collision
(List reasons(s) for impound)

☒ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT TO THE TOWING FIRM'S OPERATOR WHO TOOK POSSESSION OF THE VEHICLE.

☐ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE TO THE DRIVER OF THIS VEHICLE.

☒ THE VEHICLE WAS ABANDONED - A COPY OF THE TOW / IMPOUND REPORT WAS LEFT WITH THE VEHICLE.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT (RCW 9A.72.085), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

OFFICER'S ELECTRONIC
SIGNATURE

M. Hingtgen

SNOHOMISH, WA
COUNTY, WA

126

BADGE NO

Lake Stevens PD

AGENCY

3000-110-076 (R 07/13)

LSPD
ORIGINAL

IMPOUNDED VEHICLE ENTRY FORM

Type of Impound: (Check one)

Police Impound X Private Impound _____ Repo _____

For Police Impound: Reason for Impound and Case Number (if available):

(DUI, DWLS, COL, ABAND, VEHR, EVIDENCE, Etc.)Case Number: SS 15-1434

Reason: _____

MKE/ (Circle One)

EVI

EVIP

EVR

ORI/ WA0311900LIC/ ACE8680LIS/ WALIY/ 2015LIT/ PCVIN/ 4M2CN9HG5AKJ20039VYR/ 2010VMA/ MERC

VMO/

VST/

VCO/ REDDATE OF IMPOUND/REPO: 6-9-2015TOW COMPANY NAME: SKIPS TOWINGTOW COMPANY OCA/** 5112PHONE #: 425-259-2981

**(For Repossession Company with no DOL issued OCA, use 5999)

Address Taken From: SR 9 NE / LUNDEN PKCity of Jurisdiction: SS1

For Repo:

Financial Institution:

Contact Person:

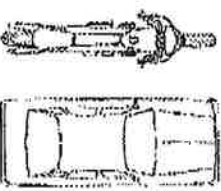
Phone #:

For Teletype:

Date: 6-9-2015Entered By: 395WAC #: 15V0062933

Checked By: _____

Checked Date: _____

| CHECK ALL THAT APPLY: <input type="checkbox"/> NON-REGISTRATION <input type="checkbox"/> VEHICLE OTHER POLICE JURISDICTION <input type="checkbox"/> EVIDENCE <input type="checkbox"/> SEIZED UNDER REVENUE CODE <input checked="" type="checkbox"/> IMPOUND ONLY <input type="checkbox"/> LAUREL SEIZURE WITH 12 HOUR HOLD <input type="checkbox"/> LAUREL IMPOUND WITH _____ DAY HOLD <input type="checkbox"/> INFORMATIONAL ONLY, VEHICLE SUSPENDED DRIVER <input type="checkbox"/> RESTRICED OPERATING PERMIT <input type="checkbox"/> CHECK INDICATES DRIVER'S EXPIRATION IS NOT THE REPORTED OWNER, REGISTERED OWNER/LEGAL OWNER OR AGENT OF THE OWNER (MA) RELEASED AT THE END OF THE IMPOUND HOLD <input type="checkbox"/> CHECK INDICATES THE DRIVER'S CALLS WITHIN THE REPORTED OWNER, THEY WILL NEED A SEPARATE RELEASE FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND | | UNIFORM WASHINGTON STATE TOW / IMPOUND AND INVENTORY RECORD | | CASE / VEHICLE NUMBER 15-01434 |
|---|---|---|------------------------------------|--|
| VEHICLE INFORMATION | | | | |
| VIN: 4M2CN9HG5AKJ20039 | | | | |
| LICENSE: ACE8880 | STATE: WASHINGTON | YEAR: 2010 | MAKE: MERCURY | MODEL: MARINER |
| <input type="checkbox"/> Report of Sale <input type="checkbox"/> MILEAGE <input checked="" type="checkbox"/> OVER <input type="checkbox"/> DIGITAL UNREADABLE | | STYLE: UTILITY | | COLOR: RED |
| DRIVER | | REGISTERED OWNER | | LEGAL OWNER |
| NAME (LAST, FIRST, MI): EYLER, SHIRLEY A | | NAME (LAST, FIRST, MI): EYLER, SHIRLEY A | | NAME (LAST, FIRST, MI): |
| STREET ADDRESS: 7011 111TH DR NE | | STREET ADDRESS: 7011 111TH DR NE | | STREET ADDRESS: |
| CITY, STATE, ZIP CODE: LAKE STEVENS, WA 982582034 | | CITY, STATE, ZIP CODE: LAKE STEVENS, WA 98258 | | CITY, STATE, ZIP CODE: |
| PHONE: (425)512-0401 | | PHONE: (425)512-0401 | | PHONE: |
| AUTHORIZATION AND RECEIPT | | | | |
| ON: <u>06/09/15</u> AT: <u>LAKE STEVENS</u> FOR: <u>TO BE TOWED TO LAKE STEVENS</u> BY: <u>5113 015</u> AT THE REQUEST OF: <u>LAKE STEVENS</u> FROM: <u>LAKE STEVENS</u> TO: <u>LAKE STEVENS</u> LICENSE: <u>5113 015</u> TOWING FIRM: <u>LAKE STEVENS</u> TOWING FIRM: <u>LAKE STEVENS</u> (DRIVER'S SIGNATURE) (TOWING FIRM SIGNATURE) (TOWING FIRM SIGNATURE) | | | | |
| EQUIPMENT | DAMAGE | EVIDENCE (DRIVER'S SIDE) | EVIDENCE (PASSENGER'S SIDE) | |
| <input checked="" type="checkbox"/> 1 KEYS <input type="checkbox"/> LOCKED TONK <input type="checkbox"/> LOCKED GLOVEBOX <input type="checkbox"/> LOCKED CENTER LOCK <input type="checkbox"/> RADIO STEREO <input type="checkbox"/> 1 DISC(S) <input type="checkbox"/> HANDS FREE DEVICE <input type="checkbox"/> GPS <input type="checkbox"/> PARK ASSIST DETECTOR <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER | <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> SIDE <input type="checkbox"/> REAR <input type="checkbox"/> FRONT <input type="checkbox"/> SIDE <input type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER |  | | |
| INVENTORY | | NARRATIVE OR DIAGRAM | | |
| (Inventory list area with checkboxes for various items) | | Vehicle Collision (Narrative description of the incident) | | |
| <input checked="" type="checkbox"/> I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT TO THE TOWING FIRMS OPERATOR WHO TOOK POSSESSION OF THE VEHICLE. <input type="checkbox"/> I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE TO THE DRIVER OF THIS VEHICLE. | | | | |
| <input checked="" type="checkbox"/> THE VEHICLE WAS ABANDONED - A COPY OF THE TOW / IMPOUND REPORT WAS LEFT WITH THE VEHICLE. | | | | |
| I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT (RCW 9A.72.085), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT. | | | | |

OFFICER'S ELECTRONIC SIGNATURE

M. Hingston

SNO-PAC, WA
COUNTY, WA

126
BOLDS (0)

LAKE STEVENS PD
AGENCY

3000 110-276 (R 07/13)

IMPOUNDED VEHICLE ENTRY FORM

Type of Impound: (Check one)

Police Impound X Private Impound _____ Repo _____

For Police Impound: Reason for Impound and Case Number (if available):

(DUI, DWLS, COL, ABAND, VEHR, EVIDENCE, Etc.)Case Number: SS15-1434 Reason: _____

MKE/ (Circle One)

EVI

EVIP

EVR

ORI/ WA0311900LIC/ B10352FLIS/ WALIY/ 2015LIT/ TKVIN/ 1FTEF14Y9KPB24174VYR/ 1989VMA/ FORDVMO/ F150

VST/

VCO/ BLACKDATE OF IMPOUND/REPO: 6-9-2015TOW COMPANY NAME: SPEEDWAY TOWINGTOW COMPANY OCA/** 5348PHONE #: 360-563-5630

**(For Repossession Company with no DOL issued OCA, use 5999)

Address Taken From: SR9 NE / LUNDEEN PKCity of Jurisdiction: SSI

For Repo:

Financial Institution:

Contact Person:

Phone #:

For Teletype:

Date: 6-9-2015Entered By: 395WAC #: 15V0062940

Checked By: _____

Checked Date: _____

06/09/2015 TUE 17:47 FAX 4253349842 Lake Stevens Police Dept --- SnoPac

002/003

| | | | |
|--|---------------------|--|---|
| CHECK ALL THAT APPLY: <input type="checkbox"/> NON-REGISTRATION <input type="checkbox"/> AAA GROTHER PROVISION ASSISTANCE <input type="checkbox"/> EVIDENCE <input type="checkbox"/> SEIZED UNDER 14.09.0050 <input checked="" type="checkbox"/> IMPOUND ONLY <input type="checkbox"/> TOWED AROUND WITH TOWBAR HOLD <input type="checkbox"/> TOWED AROUND WITH _____ DAY HOLD <input type="checkbox"/> REPOSSESSION COPY GIVEN TO SUSPENDED DRIVER <input type="checkbox"/> REGISTERED OWNER HAS PRISON _____ <input type="checkbox"/> SUBSCRIBER OR AKA'S (PLEASE PRINT THE REGISTERED OWNER, REGISTERED, FINANCIAL, QUALITY OF ASSET OF THE DRIVER, REPOSSESSION BY THE END OF THE TOWING HOLD) <input type="checkbox"/> DRIVER INDICATE THE DRIVER'S SIDE AND THE REGISTERED OWNER TO CALL OUT A DRIVER'S RELEASE FROM THE TOWING HOLD AND THE DRIVER'S RELEASE FROM THE TOWING HOLD | | UNIFORM WASHINGTON STATE TOW / IMPOUND AND INVENTORY RECORD | |
| CASE NUMBER: 15-01434 | | | |
| VEHICLE INFORMATION | | | |
| 1 F T E F 1 4 Y 9 K P B 2 4 1 1 7 4 | | | |
| LICENSE B10352F | STATE WASHINGTON | YEAR 1989 | MAKE FORD |
| <input type="checkbox"/> Report of Sale | | <input type="checkbox"/> MILEAGE UNREADABLE | <input type="checkbox"/> MAKE PICKUP |
| | | COLOR BLACK | |
| DRIVER | | REGISTERED OWNER | |
| NAME (LAST, FIRST, MI) BOGART, LYL E | | NAME (LAST, FIRST, MI) BOGART, LLOYD | |
| STREET ADDRESS 17304 114TH PL NE | | STREET ADDRESS 17304 114TH PL NE | |
| CITY, STATE, ZIP CODE GRANITE FALLS, WA 98252 | | CITY, STATE, ZIP CODE GRANITE FALLS, WA 98252 | |
| PHONE (360)691-1346 | FAX | PHONE | FAX |
| AUTHORIZATION AND RECEIPT | | | |
| ON <u>10/20/17</u> AT <u>17:22</u> PURSUANT TO WASH STATE RCW 46A.03.010 AND RCW 46A.03.011, I HEREBY CERTIFY THE FOLLOWING: | | | |
| BY THE UNDERSIGNED, I AUTHORIZED <u>SPRINGWAY TOWING</u> TO REMOVE THIS VEHICLE FROM <u>17304 114TH PL NE, GRANITE FALLS, WA 98252</u> | | | |
| DRIVER'S PRINTED FIRST AND LAST NAME <u>LYL E BOGART</u> | | | |
| EQUIPMENT <input type="checkbox"/> AIR <input type="checkbox"/> LOCKED TRUNK <input type="checkbox"/> LOCKED GLOVE BOX <input type="checkbox"/> LOCKED CENTER CONSOLE <input type="checkbox"/> AUTO STEREO <input type="checkbox"/> CASSETTE <input type="checkbox"/> HANDS FREE PHONE <input type="checkbox"/> GPS <input type="checkbox"/> REAR VIEW DETAIL VIEW <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> WHEEL <input type="checkbox"/> CHAIRS <input type="checkbox"/> OTHER | | DAMAGE DAMAGE (DRAWING AREA) <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> SIDE <input type="checkbox"/> FRONT <input type="checkbox"/> SIDE <input type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDER APPRAISE <input type="checkbox"/> OTHER | |
| INVENTORY | | EVIDENCE (DRIVER'S SIDE) | |
| INVENTORY | | EVIDENCE (PASSENGER'S SIDE) | |
| INVENTORY | | NARRATIVE OR DIAGRAM Vehicle Collision, Driver Transported | |
| <input checked="" type="checkbox"/> I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT TO THE TOWING FIRMS OPERATOR WHO TOOK POSSESSION OF THE VEHICLE. | | | |
| <input type="checkbox"/> I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE TO THE DRIVER OF THIS VEHICLE. | | | |
| <input checked="" type="checkbox"/> THE VEHICLE WAS ABANDONED - A COPY OF THE TOW / IMPOUND REPORT WAS LEFT WITH THE VEHICLE. | | | |
| I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT (RCW 9A.72.085), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT. | | | |
| DRIVER'S SIGNATURE M. Hingten | | SNOHOMISH, WA COUNTY, WA | |
| 126 | | Lake Stevens PD | |

 *** FAX TX REPORT ***

TRANSMISSION OK

| | |
|---------------------|--------------|
| JOB NO. | 1587 |
| DESTINATION ADDRESS | 914254073968 |
| SUBADDRESS | |
| DESTINATION ID | SnoPac |
| ST. TIME | 06/09 17:46 |
| TX/RX TIME | 00' 44 |
| PGS. | 3 |
| RESULT | OK |

LAKE STEVENS POLICE DEPARTMENT
FAX COVER SHEET

**2211 Grade Road
Lake Stevens WA 98258
Phone 425-334-9537 Fax 425-334-9842**



| | | | |
|-------|------------------------|--------|----------|
| TO: | SNOPAC | FAX: | |
| FROM: | M. HINGSTEN #123 | DATE: | 2 6/9/15 |
| CC: | | PAGES: | 3 |
| RE: | IMPOUND ENTRY 15-01434 | | |

7

WHEN THIS BOX IS CHECKED, THE FOLLOWING IS **CONFIDENTIAL POLICE INFORMATION** AND MAY NOT BE DISSEMINATED.

[illegible]

| | | |
|--------|----------|----------|
| Closed | 06/09/15 | 12:58:22 |
|--------|----------|----------|

Loc: LUNDEEN PK/SR 9 NE , LKS (V)

Phone: 3606911346

[illegible]

LAKE STEVENS POLICE DEPARTMENT

FOLLOW-UP / ROUTING SHEET

| | | |
|---|---------|----------------------|
| | | CASE NUMBER 15-01434 |
| MUST HAVE CITATION NUMBER OR SUSPECT INFO IF FORWARDING TO PROSECUTOR, COURT OR INVESTIGATIONS. | | DATE |
| CITATION # | SUSPECT | DOB |
| CITATION # | SUSPECT | DOB |
| CITATION # | SUSPECT | DOB |

| OFFICER / DETECTIVE REQUEST | | |
|---|--|--|
| <input checked="" type="checkbox"/> ADD DOCUMENTS TO ORIGINAL FILE | | <input checked="" type="checkbox"/> NO FURTHER ACTION REQUIRED |
| <input type="checkbox"/> ADDITIONAL STOLEN OR RECOVERED PROPERTY SHEETS ATTACHED FOR DATA ENTRY | | |
| <input type="checkbox"/> FORWARD FOLLOW-UP (COURT HAS OPEN FILE ON CASE) | | <input type="checkbox"/> FORWARD COMPLETED COPY OF CASE |
| <input type="checkbox"/> MARYSVILLE COURT | <input type="checkbox"/> SNO CO FELONY DIVISION | <input type="checkbox"/> WACIC / NCIC ENTRY FOR RECORDS |
| <input type="checkbox"/> CITY PROSECUTOR | <input type="checkbox"/> JUVENILE COURT | <input type="checkbox"/> WASH STATE LIQUOR CONTROL |
| <input type="checkbox"/> REVIEW FOR CHARGES | <input type="checkbox"/> CPS/DSHS <input type="checkbox"/> EVERETT <input type="checkbox"/> SKY VALLEY | <input type="checkbox"/> OTHER: |
| DATE SENT: 6/11/15 | | BY: [Signature] |

| | |
|--|-----|
| <input type="checkbox"/> FORWARD ORIGINAL FILE WITH THE FOLLOW-UP TO COURT | |
| <input type="checkbox"/> CITATION JUVENILE REFERRAL ATTACHED | |
| <input type="checkbox"/> SUBJECT REFERRED FOR FELONY CHARGING | |
| DATE SENT: | BY: |

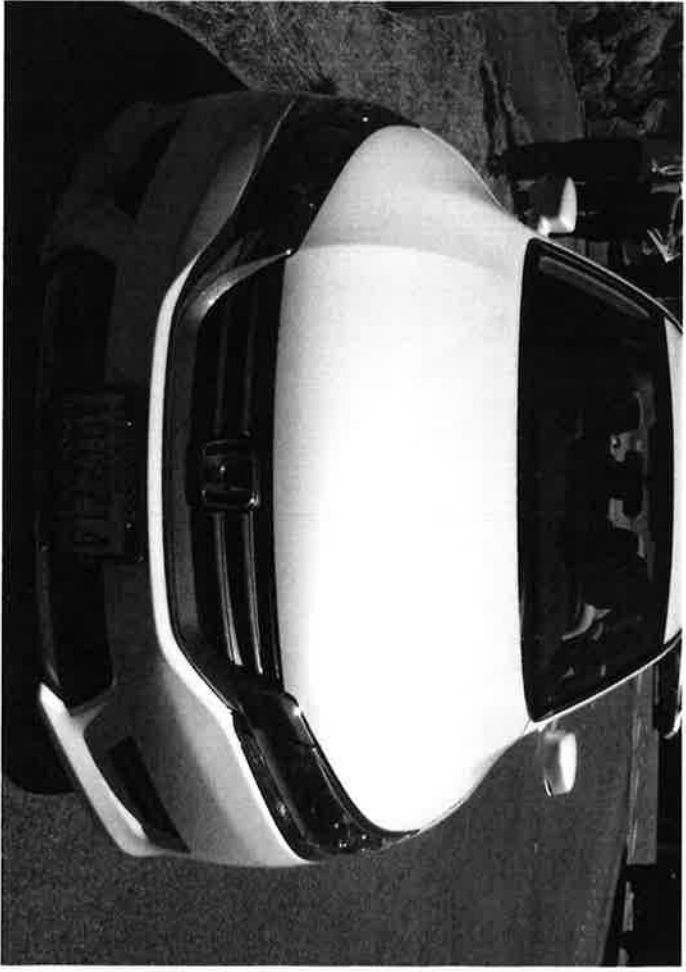
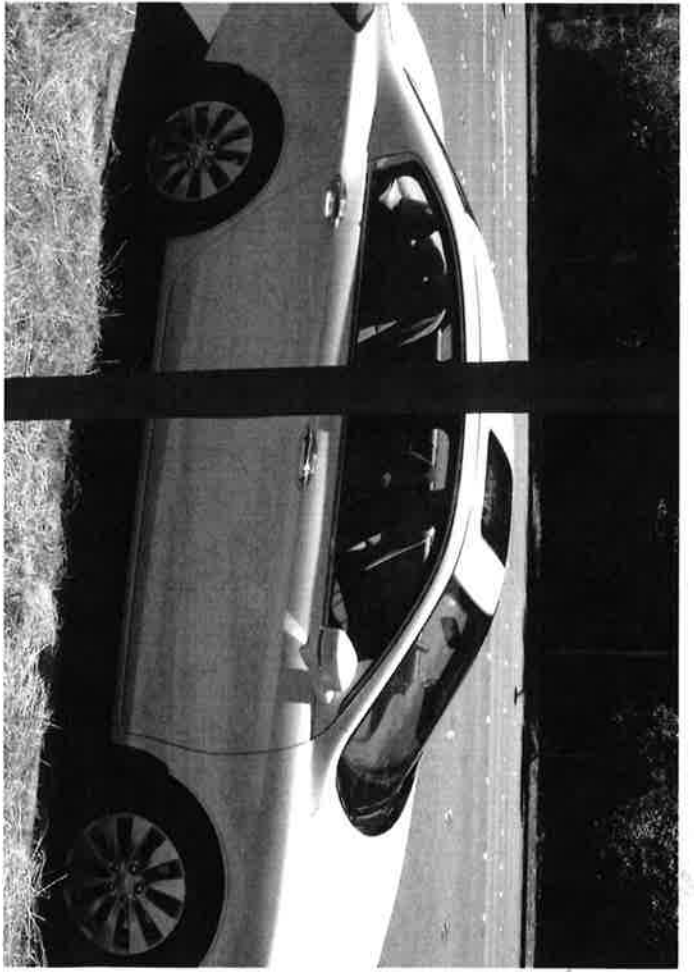
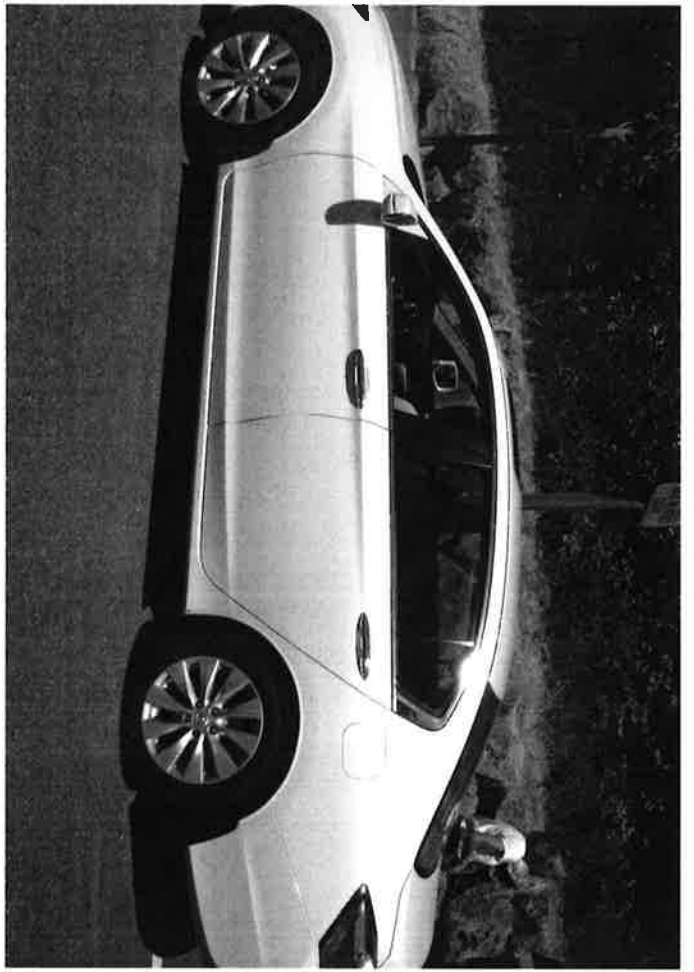
| | | |
|---|------------------|----------|
| <input type="checkbox"/> PROSECUTOR FOLLOW-UP RESPONSE (ATTACH PROSECUTOR REQUEST FORM) | | |
| <input type="checkbox"/> INVESTIGATIONS | OFFICER ASSIGNED | DUE DATE |

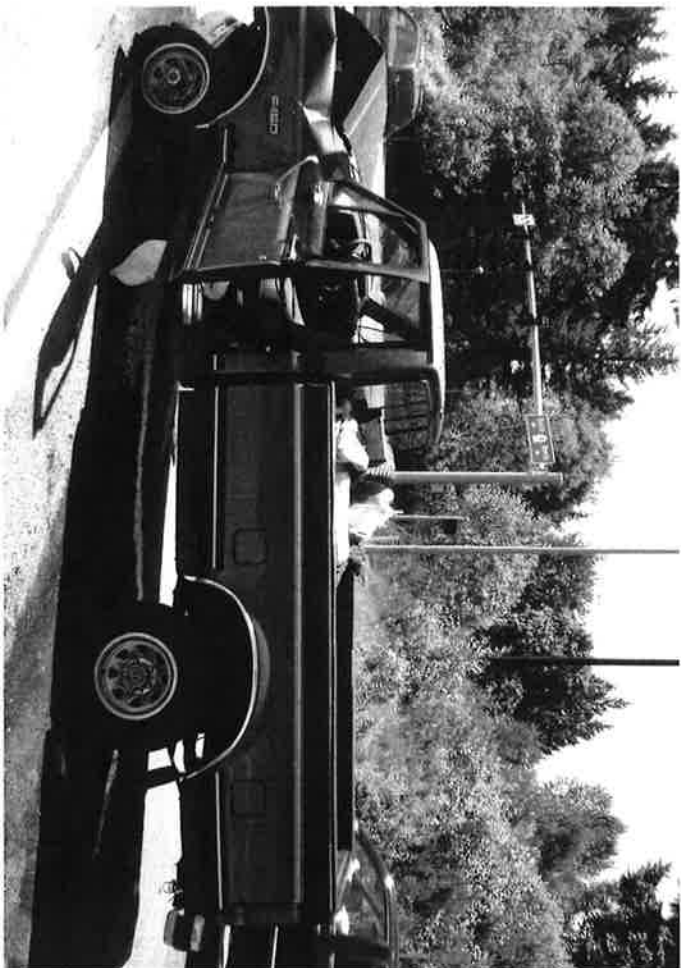
| CASE CLOSED | |
|--|--|
| <input type="checkbox"/> UNFOUNDED | <input type="checkbox"/> ARREST MADE SENT TO COURT |
| <input type="checkbox"/> LACK OF INVESTIGATIVE LEADS | <input type="checkbox"/> VICTIM REQUEST |

| | |
|------------------------------------|---------------------|
| OFFICER / INVESTIGATOR [Signature] | DATE SIGNED 6/10/15 |
| SERGEANT APPROVAL [Signature] | DATE SIGNED 6/11/15 |

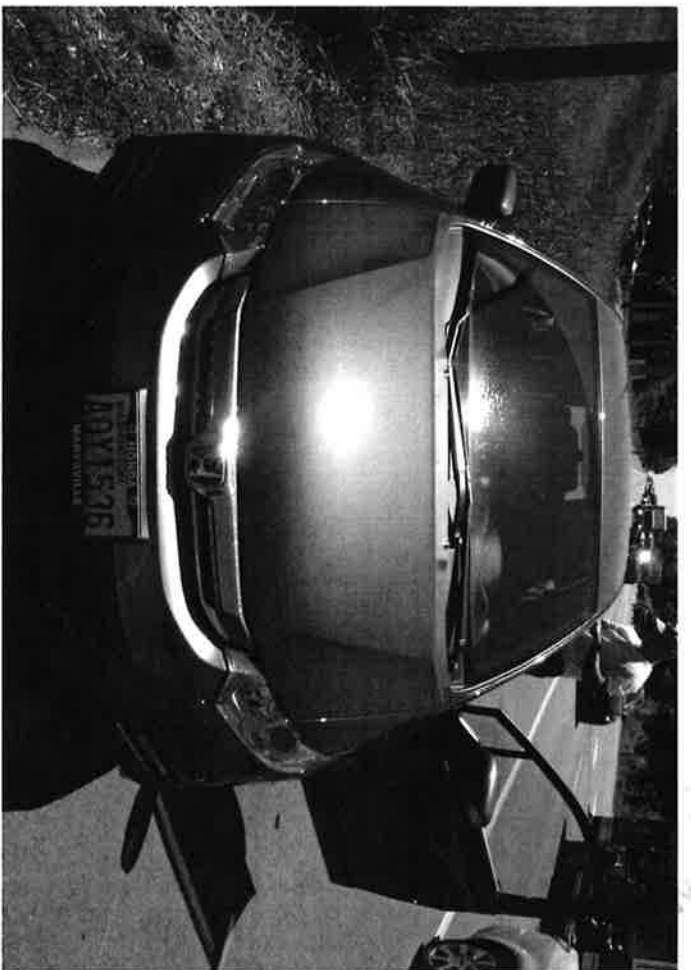
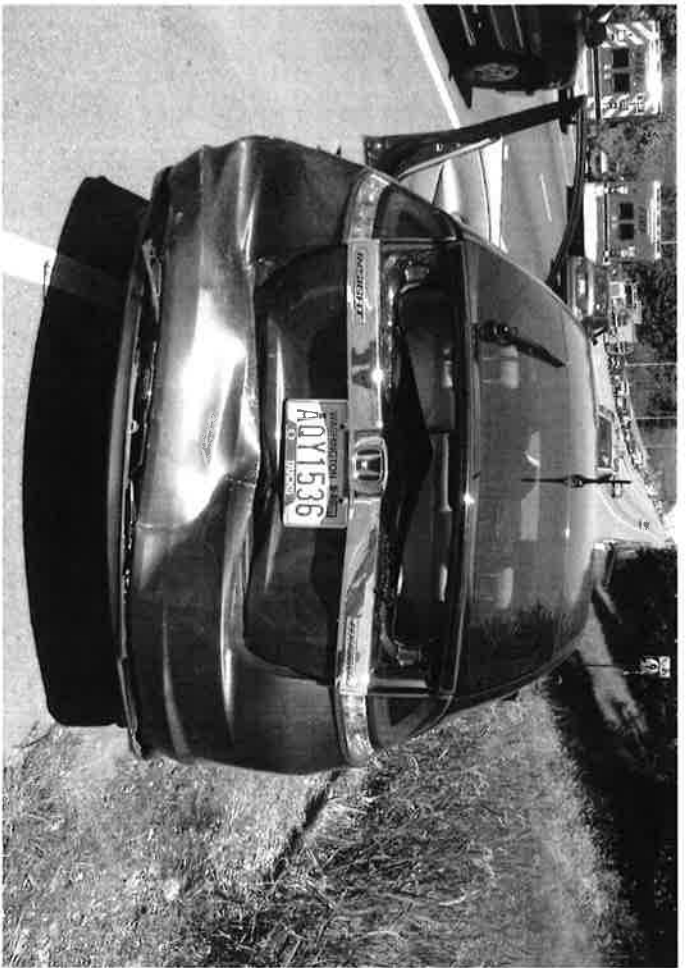
| | | | | | |
|--------------------|------------|----------------------------------|-----------------------------------|----------------------------------|-------|
| RECORDS DATA ENTRY | ADDITIONAL | PERSONS <input type="checkbox"/> | PROPERTY <input type="checkbox"/> | ARRESTS <input type="checkbox"/> | |
| RECORDS: | | | | | DATE: |

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"









| | | | |
|---|--|---|--------------------------------|
| LAKE STEVENS POLICE EVIDENCE UNIT | | Primary Officer/Badge Number <u>HEINEMANN</u> | Case Number <u>15-01434</u> |
| Type of Crime: Felony / Misdemeanor (Circle) | | Type of Case: <u>Collision</u> | Date/Time: <u>6-10-15 1233</u> |
| Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING | | *Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfkg will be held for 60 days or 60 days past owner notification | |

Case # 1501434

| | | | | | |
|----------------------|---|-------------|-----------------------|------------------|-------------|
| Item # <u>1</u> | Item <u>Photographs of collision</u> | | Brand Name | Storage Location | Disposition |
| Action # <u>3</u> | Brand/Model/Caliber | | (Further Description) | | |
| | Serial # | Where Found | Weight of Narcotic | | |

| | | | | | | |
|---|---------|------|-------|-----|---------|-------------------|
| Owner's Name | Address | City | State | Zip | Phone # | Barcode goes here |
| Owner Signature/Other remarks /additional information/ special instructions | | | | | | |

| | | | | | |
|----------|---------------------|-------------|-----------------------|------------------|-------------|
| Item # | Item | | Brand Name | Storage Location | Disposition |
| | Brand/Model/Caliber | | (Further Description) | | |
| Action # | Serial # | Where Found | Weight of Narcotic | | |

| | | | | | | |
|---|---------|------|-------|-----|---------|-------------------|
| Owner's Name | Address | City | State | Zip | Phone # | Barcode goes here |
| Owner Signature/Other remarks /additional information/ special instructions | | | | | | |

| | | | | | |
|----------|---------------------|-------------|-----------------------|------------------|-------------|
| Item # | Item | | Brand Name | Storage Location | Disposition |
| | Brand/Model/Caliber | | (Further Description) | | |
| Action # | Serial # | Where Found | Weight of Narcotic | | |

| | | | | | | |
|---|---------|------|-------|-----|---------|-------------------|
| Owner's Name | Address | City | State | Zip | Phone # | Barcode goes here |
| Owner Signature/Other remarks /additional information/ special instructions | | | | | | |

| | | | | | |
|----------|---------------------|-------------|-----------------------|------------------|-------------|
| Item # | Item | | Brand Name | Storage Location | Disposition |
| | Brand/Model/Caliber | | (Further Description) | | |
| Action # | Serial # | Where Found | Weight of Narcotic | | |

| | | | | | | |
|---|---------|------|-------|-----|---------|-------------------|
| Owner's Name | Address | City | State | Zip | Phone # | Barcode goes here |
| Owner Signature/Other remarks /additional information/ special instructions | | | | | | |

| | | | | | |
|----------|---------------------|-------------|-----------------------|------------------|-------------|
| Item # | Item | | Brand Name | Storage Location | Disposition |
| | Brand/Model/Caliber | | (Further Description) | | |
| Action # | Serial # | Where Found | Weight of Narcotic | | |

| | | | | | | |
|---|---------|------|-------|-----|---------|-------------------|
| Owner's Name | Address | City | State | Zip | Phone # | Barcode goes here |
| Owner Signature/Other remarks /additional information/ special instructions | | | | | | |

| | | | | | |
|----------------------------|--------------|---|-------|--------------------|----------------------|
| Evidence Control Use Only: | | | | | |
| Received by Evidence: | NCIC/WACIC | ✓ | Date: | CAD/RMS Checked | ROUTING: |
| Name: _____ # _____ | NCIC/WACIC + | | Date: | Owner Letter Sent: | White: Property Room |
| Date: _____ Time: _____ | NCIC/WACIC - | | Date: | Owner Letter Sent: | Yellow: Case File |

ORIGINAL